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CONFIRMATION NO. 4369

<b>SERIAL NUMBER</b> 10/726,962	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> PA-5356-RFB	
<b>APPLICANTS</b> David Ernest Hartley, Subiaco, AUSTRALIA; Ian Nixon, Victoria, AUSTRALIA; Peter John Mossop, Victoria, AUSTRALIA; <i>End</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/430,821 12/04/2002 <i>End</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Katharine Jones</i> Examiner's Signature <i>End</i> Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 9896					
<b>TITLE</b> Device and method for treating thoracic aorta					
<b>FILING FEE RECEIVED</b> 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		